

COMPLAINT FORM

	Boards and Programs		
COMPLAINT FILED A			
icense # /ame	 and		Company:
Mailing			Address:
	Business		
mail:			
COMPLAINT FILED BY	Y:		
ame and			Company:
	ailing none: HomeBusiness		Address:
	Dusiliess	Cen	
elationship to subject of t	he complaint:		
Nature of Complaint (ch	eck all that apply)		
☐ Substandard practice		☐ Poor cor	nmunication
☐ Mental/physi	cal disability	☐ Failure to release records	
☐ Non-compliance with Board order		☐ Fraud	
☐ Overutilization		☐ Imprope	er prescriptions
☐ Unlicensed practice		☐ Client abandonment	
☐ Abuse of client		☐ Poor record keeping	
☐ Criminal conviction		☐ Inapprop	oriate care of child client
☐ Addiction to drugs/alcohol		☐ Billing/fee dispute*	
☐ Misdiagnosis of condition/problem		☐ Other, please describe:	
☐ Sexual conta	ct with client		
Provide a chronolog complaint on the complaint on th	omplaint form.	plaint, including da	tes and type or legibly write your

3. Attach copies of all documents relevant to your complaint such as letters and other correspondence, police reports, contracts, witness statements, or drawings. (Please attach a separate sheet of paper for any additional information.) 4. Have you filed a complaint with anyone else, retained an attorney, or had the case reviewed by any experts? If so, please provide detailed information for each. (Please attach a separate sheet of paper for any additional information.) 5. Print and mail the complaint form and additional documentation to: DIVISION OF REGISTRATIONS COMPLAINTS 1560 Broadway, Suite 1350 Denver, Colorado 80202 6. Accountancy complaints: Please fill out the Records Release Form. 7. How did you hear about DORA? (check all that apply) Newspaper DORA Public Information Session TV Referred by: Radio Other: Internet I ATTEST THAT ALL STATEMENTS MADE BY ME RELATED TO THIS COMPLAINT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	2.	investigation including case number and submit the written report (if available). (Please attach a separate sheet of paper for any additional information.)				
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